

HEALTH EDUCATION AS A STRATEGY FOR QUALIFICATION OF ASSISTANCE TO PREGNANT WOMEN IN CEARÁ

EDUCAÇÃO EM SAÚDE COMO ESTRATÉGIA DE QUALIFICAÇÃO DA ASSISTÊNCIA ÀS GESTANTES NO INTERIOR DO CEARÁ

EDUCACIÓN EN SALUD COMO ESTRATEGIA DE CALIFICACIÓN DE LA ASISTENCIA A LOS GESTANTES EN EL INTERIOR DEL CEARÁ

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ABSTRACT

Objective: to report the experience of health education actions with a group of pregnant women. **Method:** report of experience of actions with pregnant women in the Family Health Center of the interior of Ceará, through the practical experiences of the Internship I module of the curriculum of the Nursing course of the Public University of Ceará. As a strategy for adherence, before the meetings there were the delivery of invitations at home by Community Health Agents. The applied group approach was based on the Culture Circle. **Results:** Ten intervention meetings were carried out, observing the needs of the pregnant women, with the support of the nurse and Multiprofessional Residency Program in Family Health, with exchange of knowledge, experiences, clarification of doubts between academic, family health team and pregnant women with a perspective of health promotion. **Conclusion:** The educational experiences provided participatory and dialogued meetings with the strengthening of ties between the different actors involved in the gestation process.

Descriptors: Health Education, Pregnancy, Family Health Strategy, Nursing.

RESUMO

Objetivo: relatar a experiência de ações de educação em saúde com grupo de gestantes. **Método:** relato de experiência de ações com gestantes em Centro de Saúde da Família do interior do Ceará, mediante as vivências práticas do módulo Internato I da grade curricular do curso de Enfermagem de Universidade Pública Cearense. Como estratégia de adesão, antes dos encontros havia a entrega de convites no domicílio por Agentes Comunitários de Saúde. A abordagem grupal aplicada fundamentou-se no Círculo de Cultura. **Resultados:** foram desenvolvidos dez encontros de intervenção observando as necessidades das gestantes, com apoio da enfermeira e Programa de Residência Multiprofissional em Saúde da Família, com troca de saberes, experiências, esclarecimento de dúvidas entre acadêmica, equipe de saúde da família e gestantes, com vistas à promoção

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da saúde. **Considerações Finais:** As vivências educativas propiciaram encontros participativos e dialogados com fortalecimento de vínculos entre os diferentes atores envolvidos no processo de gestação.

Descritores: Educação em Saúde; Gravidez; Estratégia Saúde da Família; Enfermagem.

RESUMEN

Objetivo: relatar la experiencia de acciones de educación en salud con grupo de gestantes.

Método: relato de experiencia de acciones con gestantes en Centro de Salud de la Familia del interior de Ceará, mediante las vivencias prácticas del módulo Internado I de la parrilla curricular del curso de Enfermería de Universidad Pública Cearense. Como estrategia de adhesión, antes de los encuentros había la entrega de invitaciones a domicilio por Agentes Comunitarios de Salud. El enfoque grupal aplicado se fundó en el Círculo de Cultura. **Resultados:** se desarrollaron diez encuentros de intervención observando las necesidades de las gestantes, con apoyo de la enfermera y Programa de Residencia Multiprofesional en Salud de la Familia, con intercambio de saberes, experiencias, aclaración de dudas entre académica, equipo de salud de la familia y gestantes, con para la promoción de la salud. **Consideraciones Finales:** Las vivencias educativas propiciaron encuentros participativos y dialogados con fortalecimiento de vínculos entre los diferentes actores involucrados en el proceso de gestación.

Descriptores: Educación en Salud; Embarazo; Estrategia Salud de la Familia; Enfermería.

INTRODUCTION

Health assistance to women in pregnancy proposes the Basic Health Center (BHC) as a preferential entrance door to the health system, a strategic point of reference for the continuous follow-up of pregnancy, and elects the Family Health Strategy (FHS) as the main programmatic proposal for the reorganization of the models and practices in the primary scope of health care.¹

Pregnancy is a complex experience, which has different aspects for each woman. Besides the biological dimension, it is a social process involving the collective, and that mobilizes family and the environment where the woman is placed. In this context, prenatal care consists of the follow-up of the

pregnant woman, which is a learning moment for the woman and her family, and allows the detection of maternal-fetal abnormalities. It stands out as an essential factor in protecting and preventing adverse events in obstetric health.²

During prenatal period, it is interesting to create a space for health education in order to prepare the woman to live gestation period and delivery in a positive, integrative, enriching, and happy way. The educational process is fundamental not only for obtaining knowledge about the process of gestating and giving birth, but also for its strengthening as human being and citizen.³

Health education is not restricted

only to intervention processes in the disease, but is a permanent process of teaching and learning that seeks to overcome the limited understanding of health only as being the opposite of disease, thus relating it to quality of life.⁴

The group approach, in turn, provides an ideal environment for health promotion, through the process of teaching-learning. Pregnancy is an important period for promoting educational actions because it provides an exchange of experiences and knowledge.⁵ One of the strategies of health education that can be used in these spaces is the Circle of Culture, a method proposed by Brazilian educator Paulo Freire, that is able to establish dialogue, participation, respect, group work, discussion, exchange of perceptions and experiences, mutual teaching and learning about several topics, and can also empower people to reflect on their reality.⁶

The Nursing Internship I module of the curricular grade of the Nursing Program of the Vale do Acaraú State University (UVA) offers an immersion in Primary Health Care, with the development of an intervention based on observed reality, permeating the improvement of community living conditions, highlighting the extension that the university proposes. Facing

the experiences from this module, it was evidenced that the group of pregnant women of a Family Health Center (FHC) in the state of Ceará was temporarily disabled, and when observing the importance of the return of the group, it was decided to perform its reactivation.

This report is justified because it presents health education actions, with a multiprofessional team, characterizing itself as a strategy for health promotion and assistance to pregnant women, besides contributing to the process of professional qualification and training of both scholars and the Primary Care team, with strengthening of dialogued and participative educational practices.

This study aims to report the experience of health education actions, using the Circle of Culture by Paulo Freire with a group of pregnant women.

METHOD

This study is an experience report of descriptive and qualitative approach about interventions experienced in a FHC in the state of Ceará. The experiences occurred during Nursing Internship I, a module that integrates the curricular grade of the UVA Nursing program, from July to November, 2017.

From the practical experiences of the Nursing Internship I Module, it was possible to know the reality of the FHC, and to identify that the group of pregnant women was disabled. When recognized the value of health education during pregnancy, the reactivation of the group was chosen to be the topic of intervention in the community.

For the reactivation success, strategies were used for having the pregnant women feel more welcomed and important in the group. In this sense, before each meeting, they received an invitation with a date, time and topic, delivered by the Community Health Worker (CHW) at their homes, and this invitation was always reinforced during prenatal consultations.+

The group approach used during the meetings was based on the Circle of Culture by Paulo Freire that encourages the meeting between people or groups of people committed in didactic-pedagogical work and other cultural and educational experiences, based on teaching and learning process⁶. The coordinators were the nursing intern, the FHC nurse, Community Health Workers, and multiprofessional residents in Family Health.

The periodicity and topics of the meetings were determined in consensus with the pregnant women, and the meetings were

established in a weekly way. All meetings were held in four moments: reception, explanation of the topic, evaluation of the moment, and choice of the next topic.

It is worth noting that the study did not require the approval of the Research Ethics Committee (REC), but it was accepted and approved by the management of the Basic Health Center, respecting all provisions of the Resolution no. 466/12 of the National Health Council.

PRESENTATION OF THE EXPERIENCE

During the intervention period, there were 10 meetings, in which it was possible to discuss the topics according to the interests of the participants. The first meeting was held with the participation of the nursing intern, the FHC nurse, three CHW, and four pregnant women, presenting the positive self-esteem in pregnancy as topic. The dynamic activity of the mirror was performed. It consisted of giving each pregnant woman a box with a mirror inside, being informed that they would see someone known who they should describe. The goal was to open the box and see the mirror, the pregnant woman had the opportunity to reflect on their potentialities and fragilities, providing reflections and self-knowledge.

The second meeting was composed

of seven pregnant women, a nursing intern, a nutritionist, a social worker, and a FHC nurse. The social worker introduced the topic called paternity with a dialogue on the relevance of companionship and mutual help in family care in order to obtain a harmonious relationship.

The third meeting had eight pregnant women, a nursing intern, a nutritionist, a social worker, a psychologist, and the FHC nurse as participants, with an explanation of the labor rights for pregnant women. Thus, the rights provided for in the Consolidation of Brazilian Labour Laws (CLT) were discussed, with the opening of a shared dialogue about maternity leave; right to dismissal for at least six prenatal consultations and complementary examinations; right to two half-hour breaks each to breastfeed the baby until six months of age; work removal during gestation and lactation from any unhealthy labor activity or place. The topic clarified many doubts, strengthening the knowledge on the rights of pregnant women in their work activities.

The topic risk signs in pregnancy was discussed at the fourth meeting, which had a nursing intern, a nurse, a psychologist, a nutritionist, a social worker, a physical therapist, 11 pregnant women, and a father as participants. As a way of tracking

knowledge and doubts of the pregnant women, a dynamic activity called "Myths and Truths" was carried out, in which the participants picked from a box statements about risks in pregnancy. At the end, it was explained about all risk signs in pregnancy, stressing the need to immediately seek the FHC or reference maternity hospital on weekends, in the face of the dialogued risk signs.

The fifth meeting was attended by 11 pregnant women, a nursing intern, two CHW, and a nursing technician, as well as a physical therapist, who facilitated a practical session with physical exercises that strengthen the pelvic floor musculature.

At the sixth meeting, sexuality in pregnancy was discussed through a round of conversation, in which six pregnant women had the chance to expose their doubts and knowledge, to dialogue on the topic with the nursing intern, and the FHC nurse in order to demystify myths and taboos that involve sexuality during pregnancy.

The seventh intervention meeting addressed the correct techniques of breastfeeding, as well as the benefits for both baby and mother. The participants were 11 pregnant women, a nursing intern, a nurse, and a nutritionist. With the help of a doll and a breast prosthesis, the correct ways

of breastfeeding were explained. Then, a video was presented so that the pregnant women could visualize the correct practice, emphasizing also the relevance of exclusive breastfeeding (EB) until the sixth month of the baby. Each pregnant woman had the opportunity to practice the taught techniques with the help of pregnant women who already had experience.

In the eighth intervention meeting, a moment of leisure was held in the pool to strengthen ties, which had the participation of eight pregnant women, a nursing intern, a FHC nurse, and two CHW. At the ninth intervention meeting, the Pregnant Photo Book was produced with beauty professionals at the FHC, with free makeup and hair services, as well as a scenario that was built for the photographic record of 12 pregnant women.

At the tenth meeting there was a round of conversation about the names of the babies and caution in its choice. The meeting included ten pregnant women, a nursing intern, the FHC nurse and two CHW. Each pregnant woman received a nameplate, informing the origin and meaning of their names, permeating a discussion about the importance of the names, the meaning and importance they have and, consequently, the caution they should have in the name's

choice. In addition, they were given a paper so that they could place a grade as a form of evaluation of the interventions. They rated the interventions with 10 as grade, explaining spontaneously the relevance of the discussed topics, affirming that they felt safer regarding pregnancy and motherhood.

DISCUSSION

During prenatal follow-up, maternal self-esteem should be an evaluated aspect, considering that this is the basis for the first bond between mother and child. It is worth mentioning that paternity is a topic that has undergone changes in its concept. From the classic provider figure, moving towards attitudes of greater involvement and affective contact with the children, which makes it possible to change traditional patterns of care to the baby, changing its meaning in family relationships.⁵

It is also very important that the pregnant woman be informed about the signs that can mean risk to pregnancy, and in the presence of any possible risk, she should look for the health service and be sent to medical consultation with urgency.⁷

Information is paramount when talking about respect for rights, since it implies empowering pregnant women to act autonomously, since most of them have an

employment relationship. When women are aware of their rights, they are more demanding, less passive, more active, and empowered. In the state of Tocantins, health education meetings with group of pregnant women proved to be a powerful training tool about the development of pregnancy, breastfeeding, and the rights of pregnant women.⁸

During the meetings, it was noticed that the pregnant women were afraid to perform physical activities, however they should not enter a state of confinement, but be encouraged to continue their activities. Expectant women, when maintaining an exercise routine, can keep their weight under control and feel better, both physically and psychologically.⁹ A group of pregnant women in Fortaleza was considered a strategic space of care and support for pregnant women in primary care.¹⁰

Another addressed topic was the expression of sexuality during pregnancy, which is influenced by anatomical, physiological, and psychological aspects, along with myths, taboos, and religious and sociocultural issues. Due to the lack of professional guidance during prenatal consultation, the pregnant woman and her partner develop prejudices about sexual practices during pregnancy. This occurs

because they are afraid of harming the fetus during intercourse and other factors that may negatively interfere in sex education.¹¹ In the state of Bahia, educational activities were pointed out as strategies for pregnant women to have a qualified prenatal, since group educational activities promote information sharing between health care users and health professionals.¹²

In order to avoid early weaning, it was promoted an awareness-raising with both pregnant women and health professionals about the benefits of EB for the mother-child health. In addition, there was also support in the practice of breastfeeding.¹³ An experience report with groups of pregnant women, in the state of Minas Gerais, pointed out the relevance of educational activities for health education promotion, since it allows the exchange of knowledge between professionals and pregnant women. In this case, the nurse is responsible for empowering the individual, and stimulating self-care promotion.¹⁴

In this sense, the educational approach in the context of healthcare services is considered as a fundamental axis in which health promotion activities must be carried out, additionally to healthcare assistance, in order to support social and personal development through educational

information. Health promotion consists, therefore, in empowering the community to act in the improvement of their self-care and quality of life.¹⁵

The health education activities with pregnant women allowed the approximation between both providers and receivers of healthcare, besides contributing to a more humane and qualified healthcare assistance. It is worth noting the importance of health education groups as instrument for acquiring knowledge, for scholars and professionals, about management of clinical situations during pregnancy. These groups can be a space for re-signification, reflection on attitudes, professional role and conducts, changes in the feelings aroused by pregnant women care. Also, they are able to contribute to the formation of new trained and humanized professionals, committed to the health needs of the population.

Thus, the Circle of Culture shows itself as an active strategy of learning and stimulating participation, once it promotes the training for self-care and the search for change-generating attitudes. As a participatory and innovative methodology, it favors personal qualification and training, enabling the possibility of deciding on their own destinies, which contributes to the improvement of their health condition.¹⁶

FINAL CONSIDERATIONS

The educational experiences with the group of pregnant women provided participatory and dialogued meetings, strengthening ties between the different actors involved in the pregnancy process, with instructions about issues related to pregnancy period and extension of care through knowledge sharing, exchange of experiences, and clarification of doubts.

There was a good adhesion of the pregnant women to the educational group in the FHC, however it is valid to infer that some of them resided in an area far from the center and/or had job, which made it difficult to participate in all meetings.

Although this study presents limitations because it dealt with experience of only one group, its report provided exchange of knowledge between the nursing intern, the family health team, the multiprofessional residents, and the pregnant women. It was also possible to gather improvements to the health education process, based on shared construction of knowledge, expanding the university area, and exercising the social commitment of the University.

REFERENCES

1. Macinko J, Harris MJ. Brazil's Family Health Strategy – delivering community-based primary care in a universal health system. *N Engl J Med* 2015; 372:2177-81.

2. Nunes JT, Gomes KRO, Rodrigues MTP, Mascarenhas MDM. Qualidade da assistência pré-natal no Brasil: revisão de artigos publicados de 2005 a 2015. *Cad. Saúde Colet.*, 2016; 24 (2): 252-261.
3. Barreto CN, Ressel LB, Santos CC, Wilhelm LA, Silva SC, Alves CN. Atenção pré-natal na voz das gestantes. *Rev enferm UFPE on line.*, 2013;7(5):4354-63.
4. Souza VB, Roecker S, Marcon SS. Ações educativas durante a assistência pré-natal: percepção de gestantes atendidas na rede básica de Maringá-PR. *Rev. Eletr. Enf.* 2011; 13(2):199-210.
5. Fabbro MRC, Lima MP. A experiência paterna de pais de “primeira viagem” no cuidado do bebê nos primeiros três meses de vida. *Atas CIAIQ2017. Investigação Qualitativa em Saúde.* 2017; 2(1): 166-175.
6. Linhares FMP, Pontes CM, Osório MM. Construtos teóricos de Paulo Freire norteando as estratégias de promoção à amamentação. *Rev. Bras. Saude Mater. Infant.* 2014; 14(4):433-439.
7. Carvalho VF, Kerber NPC, Azambuja EP, Bueno FF, Barros AM. Direitos das parturientes: conhecimento da adolescente e acompanhante. *Saúde Soc.* 2014; (2): 572-581.
8. Cunha MVB, Carneiro LS, Oliveira JD, Evangelista DR. Intervenção educativa para gestantes: avaliação do conhecimento. *Rev Cereus.* 2018; 10(3): 1-16.
9. Afonso ALM. Nível de consciência dos benefícios do exercício físico na gestação. [Trabalho de Conclusão de Curso]. Universidade Federal do Rio Grande do Norte. 2017. 32f.
10. Queiroz MVO, Menezes GMD, Silva TJP, Brasil EGM, Silva RM. Grupo de gestantes adolescentes: contribuições para o cuidado no pré-natal. *Rev Gaúcha Enferm.* 2016;37(esp):e2016-0029.
11. Jamali S, Mosalanejad L. Sexual dysfunction in Iranian pregnant women. *Iran J Reprod Med.* 2013; 11(6):479-86.
12. Silva ALS, Nascimento ER, Coelho EAC, Nunes IM. Atividades educativas no pré-natal sob o olhar de mulheres grávidas. *Rev Cubana de Enfer.* 2014; 30(1):1-15.
13. Coca KP, Pinto VL, Westphala F, Mania PNA, Abrão ACFV. Conjunto de medidas para o incentivo do aleitamento materno exclusivo intra-hospitalar: evidências de revisões sistemáticas. *Rev Paul Pediatr.* 2018; 36(2):214-220.
14. Neves AM, Mendes LC, Silva SR. Práticas educativas com gestantes adolescentes visando a promoção, proteção e prevenção em saúde. *Rev Min Enferm.* 2015; 19(1): 241-244.
15. Ministério da Saúde (BR), Secretaria de Gestão Estratégica e Participativa. II Caderno de educação popular em saúde. Brasília: Ministério da Saúde; 2014.
16. Machado ALG, Borges FM, Silva AZ, Jesus ACP, Moreira TMM, Cunha NF. Círculo de cultura na promoção da saúde de idosos hipertensos: relato de experiência. *Cienc Cuid Saude.* 2017; 16(1):1-6.

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